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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL					٦	
Donovan for Congress						
ADDRESS (number and street) 440 Levere	ett Avenue					
CITY, STATE, and ZIP CODE					-	
Staten Island			NY 1030	08		
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
Dan Donovan			House	NY 11	C00571869	
5. ISTHIS AN AMENDMENT? NO, THI	IS IS A NEW FILING	\boxtimes	YES, IT AMENDS THE	NOTICE FILED ON		2015
A. FULL NAME, MAILING ADDRESS AND ZIP COD	DE		Name of Employer		Date (month,	Amount
PPG Anesthesia PLLC					day, year)	
114 Kenilworth Avenue					05/02/2015	1000
114 Keniiworth Avenue			Transaction ID: 16	94000		
			Occupation	34000		
Staten Island	NY 10312	2	·			
B. FULL NAME, MAILING ADDRESS AND ZIP COL	DE		Name of Employer		Date (month, day, year)	Amount
Michael Bibawy					05/02/2015	1000
66 Michael Loop					03/02/2013	1000
			Transaction ID: 16	93000		
Staten Island	NY 10301	-4630	Occupation			
		4000				
C. FULL NAME, MAILING ADDRESS AND ZIP COL	DE		Name of Employer		Date (month, day, year)	Amount
Joseph Bouton			Self-Employed			
1769 Arthur Kill Road					05/02/2015	1000
			Transaction ID: 1728000			
Otatan laland		-	Occupation			
Staten Island	NY 10312	2	Real Estate / Cons	truction		
D. FULL NAME, MAILING ADDRESS AND ZIP COL	DE		Name of Employer		Date (month, day, year)	Amount
Sherif Farag			Self-Employed			
26 Algonkin Street					05/02/2015	2000
20 / ugomun Gudot			Transaction ID: 17	27000		
			Occupation			
Staten Island	NY 10312	2-4302	Physician			
E. FULL NAME, MAILING ADDRESS AND ZIP COD	DE		Name of Employer		Date (month, day, year)	Amount
		-				
			Occupation			
SIGNATURE (optional)				DATE	For further in	formation contact:
William DeLuccio			[Electronically Filed]		Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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